

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | |
|--------------------|-------------------|
| 1 Date of Request: | 2 Serial/Patent # |
|--------------------|-------------------|

| | | | | |
|---|--|--------------------------|--------------|-----------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> Filing Fee change | | | | \$ 100.00 |
| Amendment | | | | \$ |
| Extension of Time | | | | \$ |
| Notice of Appeal/Appeal | | | | \$ |
| Petition | | | | \$ |
| Issue | | | | \$ |
| Cert of Correction/Terminal Disc. | | | | \$ |
| Maintenance | | | | \$ |
| Assignment | | | | \$ |
| Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 100.00 | |
| | | 8 TO BE REFUNDED BY: | CC | |
| | | Treasury Check | | |
| <input checked="" type="checkbox"/> Overpayment | | Credit Deposit A/C #: | | |
| <input type="checkbox"/> Duplicate Payment | | 9 | | |
| No Fee Due (Explanation): | | | | |

10 REASON:

11 REFUND REQUESTED BY:
 TYPED/PRINTED NAME: Rita White
 SIGNATURE: Rita White
 OFFICE: DO/EO

TITLE: Legal Writer, Examiner
 PHONE: 7308-9140 ext. 231

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B